

Harmonised application form

Application for Schengen Visa

This application form is free

РНОТО

Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK Withdrawal Agreement shall not fill in fields No 21, 22, 30, 31 and 32 (marked with *). Fields 1–3 shall be filled in in accordance with the data in the travel document.

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1. Surname [family name]: VINOD KUMAR			For official use only	
2. Surname at birth [former family name(s)]:				Date of application : 14/11/2024 Application number :
3. First name(s) [given name(s)] : Vinod				FRA1JL20247 007668
4. Date of birth (day-month-year): 13/03/1965	5. Place of birth: KALANWALHARYANA 6. Country of birth: India		birth, if different :	Application lodge at : Embassy/consulate Service provider Commercial intermediary Border (name) : Other : File handled by :
8. Sex : Male Female Otl 10. Parental authority (in case of minors telephone No, email address, and nation	her Divorced 'D' s)/legal guardian (surname, fir	Widow(er) Other (spe		Supporting documents: Travel document Means of subsistence Invitation TMI Means of transport Other:
11. National identity number, where app	plicable: P9807508			Visa decision : Refused Issued A C LVT
12. Type of travel document : Ordinary passport Diplomatic Other travel document (please spec		ort	Special passport	Valid:
13. Number of travel document : P9807508	14. Date of issue : 19/04/2017	15. Valid until : 18/04/2027	16. Issued by (country): India	From Until
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable :			Number of entries :	
Surname (family name):	First na	ame(s) [given name(s)] :		Number of days :
Date of birth (day-month-year): Na	ntionality: Nu	umber of travel document or	· ID card :	



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18. Family relationship with an EU, EEA or CH citizen or a UK national w	who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable :
Spouse Child Grandchild Depender	nt ascendant Registered partnership Other
19. Applicant's home address and email address: HOUSE NO 442 GIANI ZAIL SINGH NAGAR PUNJAB INDIA 140001 ROPAR India vinodkumar196519651@gmail.com	Telephone no : 9464300042
20. Residence in a country other than the country of current nationality : No Yes: Residence permit or equivalent N°	Valid until
* 21. Current occupation : Other : SERVICE	
* 22. Employer and employer's address and telephone number. For studen TRUE PHARMACIA CHUNRI ROAD KISHANPURA BADDI HP, 174101, BADDI India, 9464300042, vinodkumar196519651@gmail.com	ts, name and address of educational establishment :
23. Purpose(s) of the journey:	
■ Tourism	ds Cultural Sports Official visit Other (please specify):
24. Additional information on purpose of stay : NA	
25. Member State of main destination (and other Member States of destination, if applicable): France, Austria, Germany, Italy, Netherlands, Switzerland	26. Member State of first entry: France
27. Number of entries requested : ☐ Single entry ☐ Two entries ■ Multiple entries	
Intended date of arrival of the first intended stay in the Schengen area: Intended date of departure from the Schengen area after the first intended	26/12/2024 stay: 07/01/2025
28. Fingerprints collected previously for the purpose of applying for a Sche No Yes Date, if know:	engen visa : Number of the visa, if know :
29. Entry permit for the final country of destination, where applicable : Issued by	, valid from until
* 30. Surname and first name of the inviting person(s) in the Member State in the Member State(s):	e(s). If not applicable, name of hotel(s) or temporary accommodation(s)
THE ATRIUM HOTEL AND CONFERENCE CENTRE PARIS CDG A	JIRPORT BY PENTA

Address and email address of inviting person(s)/hotel(s)/temporary accommodation(s):		Telephone no :
351 AV. DU BOIS DE LA PIE CS 42048 PARIS NORD 2, 95912, PARIS France		33148171234
reservation@theatriumhotels.com		
* 31. Name and address of inviting company/organisation :		Telephone no of company/ organisation :
Surname, first name, address, telephone no, and email address of contact pe	erson in company/organisation:	
* 32. Cost of travelling and living during the applicant's stay is covered:		
■ by the applicant Means of support: ■ Cash ☐ Traveller's cheques	☐ by a sponsor (host, company, o ☐ referred to in field 30 or ☐ Other (specify):	
■ Credit card ■ Pre-paid accommodation	Means of support :	
▶ Pre-paid transport□ Other (specify) :	Cash Accomodation provided All expenses covered during th Pre-paid transport Other (specify):	e stay
33. Surname and first name of the person filling in the application form, if d	ifferent from the applicant :	
Address and email address of the person filling in the application form :		Telephone no :



I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is issued

I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data are: Ministère de l'Intérieur (Place Beauvau -75800 Paris CEDEX 08) et le Ministère de l'Europe et des Affaires Etrangères (27 rue de la Convention -75732 PARIS Cedex 15).

I am aware that I have the right to obtain, in any of the Member States, notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the Member State concerned. The national supervisory authority of that Member State [Commission Nationale de l'Informatique et des Libertés – 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date :	Signature of applicant (signature of parental authority/legal guardian, if applicable):
14/11/2024 15:03:09 (hour of	
Jalandhar)	



France-Visas

The official website for visa application to France

Registration receipt

On 14/11/2024, your information has been recorded by the France-Visas system.

Reference of the application: FRA1JL20247007668

Last name/s: VINOD KUMAR

First name/s: Vinod Kumar

Birth date (DD/MM/YYYY): 13/03/1965



REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa center)*.

If you are a student and have scanned all your supporting documents, please bring the originals of the documents listed below only.

FORMS	
	Signed and dated application form
	Receipt France-Visas
PRE-REQI	JISITES
	A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested. Be sure to transmit (scan) ALL PAGES of your travel document containing visas, entry and exit stamps or any other inscription.
	ID photograph.
	If you are not a national of your country of residence: proof that you are legally resident in that country (e.g. residence permit).
	If you have an official travel document, a note verbale is required.
PURPOSE	OF TRAVEL/STAY
	If the trip is a package tour, attach detailed itinerary.
	Reservation of a return ticket or travel itinerary.

SOCIO-P	ROFESSIONAL SITUATION
	Proof of socio-professional status (e.g. employment contract, certificate of employment, extract from the trade and companies' register, school attendance certificate, proof of pension) and any documents demonstrating the applicant's personal links to the country of residence (e.g. copy of marriage certificate, family record book).
FUNDS	
	Supporting documents of personal income: copy of bank statements of the last 3 months, copy of income Tax Departement Return + ITR V acknowledgment of the previous financial year. For employees: 3 last salary slips. For person owning a company: certificate of registration of the company (Form B, rule 5(1) or Form ST3, rule 11). If aplicable, supporting documents of sponsoring and of personel incom of the sponsor
ACCOMM	IODATION
	Reservation of a hotel or sufficient resources to cover hotel expenses (to the amount of €120/day) or a tenancy agreement or certificate of ownership. If staying with a private individual : proof of accommodation (Cerfa form).
TRAVEL I	HEALTH INSURANCE
	Copy of travel medical insurance policy of not less than 30,000 Euros. The policy must cover medical and hospitalisation expenses for the entire period of valid stay on Schengen territory as well as repatriation costs.

APPLICABLE VISA FEE

On the day of your appointment, you will have to pay the application fee of : 90 €**,or about 8 182 INDIAN RUPEE.

What currency is accepted? What are the payment method types? Please read the Fees section after choosing the pages specific to your local. You will find information on the fees and, more generally, the most accurate information for your visa application. In the case where the submission of your application is made with a service provider, service fees will be collected.

- * Please note: if any documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.
- ** This amount is for informational purposes only. Certain individual cases may give rise to different prices, in accordance with applicable regulations.